

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 001577941	FILING DATE 5/24/00					
						APPLICANT(S)						
						CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1			1			51					
2		1				1	52					
3						1	53					
4						1	54					
5						1	55					
6						1	56					
7						1	57					
8	1					1	58					
9	1					1	59					
10		1				1	60					
11		1				1	61					
12	1					1	62					
13	1	1				1	63					
14	1	1				1	64					
15							65					
16							66					
17							67					
18	1					1	68					
19		1				1	69					
20						1	70					
21	1					1	71					
22	1			1		1	72					
23		1					73					
24							74					
25							75					
26							76					
27							77					
28							78					
29	1			1		1	79					
30	1			1		1	80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	9		3		7	✓	TOTAL IND.					
TOTAL DEP.	21	→	10	→	12	→	TOTAL DEP.					
TOTAL CLAIMS	30		13		19		TOTAL CLAIMS					